

Leicester
City Council

**MEETING OF THE HEALTH AND WELLBEING SCRUTINY
COMMISSION**

DATE: Wednesday, 1 September 2021

TIME: 5:30 pm

**PLACE: Meeting Room G.01, Ground Floor, City Hall,
115 Charles Street, Leicester, LE1 1FZ**

Members of the Commission

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillors Aldred, March, Pantling, Dr Sangster and Whittle

1 unallocated Non-Group place.

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

For Monitoring Officer

Officer contact:
Jason Tyler
Democratic Support Officer
Tel: 0116 454 6359
e-mail: Jason.Tyler@leicester.gov.uk

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- wear face coverings throughout the meeting unless speaking or exempt;
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- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
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- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact: Jason Tyler, Democratic Support on (0116) 454 6359 or email jason.tyler@leicester.gov.uk

For Press Enquiries - please phone the Communications Unit on 454 4151

USEFUL ACRONYMS RELATING TO HEALTH AND WELLBEING SCRUTINY COMMISSION

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
BCT	Better Care Together
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DES	Directly Enhanced Service
DMIRS	Digital Minor Illness Referral Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View

HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWLL	Healthwatch Leicester and Leicestershire
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF PREVIOUS MEETING

**Appendix A
(Pages 1 - 10)**

The Minutes of the meeting held on 13 July 2021 are attached and the Commission is asked to confirm them as a correct record.

4. CHAIR'S ANNOUNCEMENTS

5. PROGRESS ON ACTIONS CONSIDERED AT A PREVIOUS MEETING

To receive an update on the following matter that was considered at a previous meeting of the Commission:-

The representatives of the CCGs will provide information in relation to the reported low vaccination rate uptake in the west of the city.

6. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

7. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

The following Questions have been received:

From Sally Ruane:

1. *In relation to the integrated care system, can the CCGs and the City Council confirm that Leicester City Council will have a place on the ICS Board and not just on the Health and Care Partnership Board*
2. *Is Leicestershire Partnership Trust planning to increase the number of beds it has for patients requiring inpatient mental health care?*

From Stephen Score:

3. *Will the Leicester Health and Wellbeing Scrutiny Commission be considering the acute hospital reconfiguration programme anew if there is a change in the Building Better Hospitals for the Future scheme following the new hospitals programme team's request for a scaled down proposal and a phased in proposal?*

8. COMMUNITY PHARMACY SERVICES

Representatives from the CCGs will provide an update concerning Community Pharmacy Services.

9. INTEGRATED CARE SYSTEMS

The Independent Chair of the Leicester, Leicestershire and Rutland Integrated Care System will provide an update.

10. COVID-19 AND VACCINATION PROGRESS UPDATE

The Director of Public Health will provide an update concerning the current situation regarding Covid-19 and the vaccination programme.

11. SEXUAL HEALTH SERVICES

**Appendix B
(Pages 11 - 20)**

The Director of Public Health will give a presentation concerning Sexual Health Services during Covid-19.

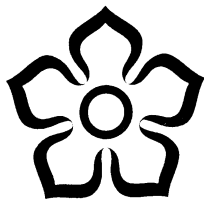
The presentation slides are attached.

12. WORK PROGRAMME

**Appendix C
(Pages 21 - 24)**

The Commission's Work Programme is attached for information and comment.

13. ANY OTHER URGENT BUSINESS



Leicester
City Council

Appendix A

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 13 JULY 2021 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillor Pantling
Councillor Whittle

* * * * *

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Aldred, Dr Sangster and March, and from Councillor Dempster (Assistant City Mayor - Health).

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

3. MINUTES OF PREVIOUS MEETING

AGREED:

That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 15 April 2021 be confirmed as a correct record.

4. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

It was noted that progress on issues considered at the previous meeting would be reported in subsequent Agenda items.

5. CHAIR'S ANNOUNCEMENTS

The Chair reported that under his discretion he had agreed for Agenda Item 12 (Strategy on the Effects of Long Covid) to be considered earlier in the meeting, in view of timings and the work pressures on health partners.

It was also reported that the response to the consultation on the accounts of the UHL had been submitted and would be circulated to Commission members separately in due course.

6. STRATEGY ON THE EFFECTS OF LONG COVID

The Director of Public Health, the Director of Adult Social Care and Safeguarding, and Health partners provided details of the work undertaken in providing a strategy for dealing with Long Covid.

Dr Rachael Evans (Consultant Respiratory Physician UHL Trust and Associate Professor UoL) shared presentation slides, which provided information of the strategy for dealing with Long Covid - "Post-hospitalisation Covid-19 study: A national consortium to understand and improve long-term health outcomes"

The presentation provided detailed information on the numbers of participants (29,000 across 39 studies) which was double the next highest-ranking Trust. It was also noted that 4,770 patients had been discharged from Leicester Hospitals after Covid-19.

The key principles for Covid19 follow-up, the LLR Long Covid assessment service, and the holistic assessment factors were described, and reference was made to the "Your Covid Recovery" NHS-E website. A five-part package of measures had been introduced, providing clarification of the NHS support for Long Covid and the collaboration across the UK.

The study design, methods and outcomes were reported, including data on participants being shown relating to age and ethnicity and other factors associated with patient perceived recovery. Results relating to mental and physical health had also been considered, with the relationship between outcomes and severity of acute illness being detailed.

In concluding the presentation it was noted in summary that:

Mental and physical health impairments:

- were related
- cognitive impairment appeared independent
- the severity of impairments was associated with measures of systemic inflammation

Implications for clinical care showed:

- a burden of disease suggested a need for a proactive approach and stratification

- wide access to holistic interdisciplinary/inter-speciality care was needed
- a further need for complex interventions to improve mental and physical health

Dr Evans was thanked for her presentation.

It was also noted that Dr Evans had submitted a paper, which provided a brief introduction on the work that had taken place over the period of the pandemic between clinicians / researchers from Leicester into the effects of Covid-19 on patients and staff from the onset of illness and hospitalisation through to emerging understanding of post hospital Covid recovery and the longer term effects on individuals.

The Chair invited the Director of Adult Social Care and Safeguarding to comment on the strategy and presentation slides were shared that had been included in the Agenda pack.

The presentation detailed the context of the strategy as follows:

- ASC used a case management system (Liquid Logic) to capture information and produce reports, which included health and disability information, linked to a persons need for ASC
- Covid / Long Covid was not a 'factor' within Liquid Logic so reports could not be produced on people who have had Covid
- There was a general trend that data had been reviewed, where the impact of Covid on people's need for ASC might be having an influence on activity changes, but no direct correlation to Long Covid could be drawn

The presentation also detailed data concerning demand, outcomes from short term support, and provision of longer-term support.

The Chair thanked officers for their presentations and requested observations from Commission members.

Members praised health colleagues and officers for the considerable efforts undertaken in dealing with the effects of Long Covid.

It was suggested that there should be heightened attention given to the likely numbers of people not admitted with symptoms, against the focus on discharge data. It was explained that there were a number of studies, all with the intention of providing controlled data, and linkage to the known discharge figures.

A further question was raised concerning readmissions and it was reported that ongoing data-based projects were assessing the length of time between people being discharged and readmitted, together with the length of time spent in hospital having been readmitted, including tests of various interventions to prevent those readmissions.

In terms of comments concerning 'high-impact' areas, it was clarified that the data on this level of detail could not be shared at this stage. It was confirmed that although challenges were obvious, the services felt well equipped and able to deal with the ongoing demand, through the ongoing studies and research being undertaken.

In response to a question concerning the severity of longevity, any whether there was any evidence arising from variants, it was noted that national data was being analysed, and that some anecdotal evidence should be ignored.

The Chair commented on the links to obesity as reported in the presentations and reiterated his concerns on the Council's current strategy promoting exercise as the key factor, rather than a focus on improved diet.

The importance of the partnership approach across the National Health Services, the Council's Public Health Service, and other agencies in terms of nutrition and diet was emphasised. The effective relationship of physiological and psychological services was also highlighted.

In conclusion, the Chair commented on the ongoing need for various agencies to provide support to each other, particularly regarding the issue of 'Liquid Logic' not recording Covid, and the reported problems of systems not being designed to share data, including information on the Better Care Fund and MyChoice.

AGREED:

1. To note the reports concerning the strategy on the effects of Long Covid.
2. To support the enhanced sharing and coordination of information and the continued integration of services, with a view to a further report and update being submitted at the appropriate time.

7. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

8. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that the following question had been received from Councillor Riyait:

"Can the Health and Wellbeing Scrutiny Commission please consider the issues raised in a petition submitted to the Leicester, Leicestershire and Rutland CCGs concerning the ongoing situation regarding the Manor Park Medical Practice (Parker Drive) and make any comments accordingly"

The text of the petition submitted to the CCGs was attached for information.

The Chair asked for an update and progress on the response.

Andy Williams (Chief Executive - Leicester, Leicestershire and Rutland CCGs) confirmed that a written response had been provided to the Ward Councillors and petitioners. There had been an agreed commitment to ensure a satisfactory outcome and it was noted that the matter was being progressed locally. It was envisaged that the Manor Park Medical Practice would be opening in the near future.

9. MEMBERSHIP OF THE COMMISSION 2021/22

AGREED:

To note the membership of the Commission for the 2021/22 Municipal Year as follows:

Councillor Kitterick (Chair)
Councillor Fonseca (Vice Chair)
Councillor Aldred
Councillor March
Councillor Pantling
Councillor Dr Sangster
Councillor Whittle

(1 Non-Group Place Vacancy)

10. DATES OF MEETINGS 2021/22

AGREED:

To note the dates of Commission meetings for the 2021/22 Municipal Year as follows:

13 July 2021
1 September 2021
2 November 2021
14 December 2021
25 January 2022
22 March 2022

11. COVID 19 & VACCINATION PROGRESS UPDATE

The Director of Public Health shared presentation slides, showing a review of the Covid-19 data and the numbers of positive tests in the last 28 days. It was reported that in terms of the 7-day data on cases per 100,000 the Leicester rate was lower than the national rate and lower than other comparable core cities.

It was however noted, against the comparison, that positive test rates were increasing, and caution was expressed concerning the Government's announcement on the easing of restrictions from 19 July 2021. Information on trends were also provided, divided into the categories of age, Wards, hospital admissions, and deaths.

In terms of vaccinations, further comparative data was displayed and noted, which also showed a map of the areas of highest and lowest up-take. It was recognised that some of the more deprived areas in the region showed the lowest rates of vaccination.

In concluding the presentation, reference was made to the availability of the latest data on Covid-19 on the interactive webpage and the Leicester Open Data Platform.

The Chair thanked officers for the detailed presentation.

In response to questions from Commission members, the following key points were noted:

- It was acknowledged that there were some residents in the city that were not registered with a GP and would find access to services and vaccinations difficult.

The Director of Public Health commented on the close ongoing liaison with the CCG to ensure that engagement with those residents not registered and access to services could be improved. In this regard it was also noted that due to the transient nature of the student population, there would be many former residents registered with GPs who had since left the city.

It was also noted that the Joint Committee on Vaccination and Immunisation (JCVI) were looking at improved methods to improve the vaccination up-take and giving particular attention to the clinically vulnerable.

- In respect of workplace engagement to encourage vaccinations it was confirmed that efforts were continuing, and challenges existed to contact and inform smaller businesses and SMEs.
- The careful consideration of areas which might benefit from specific temporary vaccination centres was noted and reference was made to the liaison with universities and the sports clubs. It was noted that the attraction of sporting venues such as the King Power Stadium had demonstrated greater numbers of vaccines.
- The heightened use of social media to encourage a younger population to take-up vaccinations was also reported and supported.

Andy Williams commented on the need to encourage the younger population to engage in the vaccination process. He reiterated the need for caution and advised that although many residents had received their second vaccination dose, this did not eliminate the risk and high levels of infection were expected, particularly as restrictions were to be relaxed from 19 July including the removal of social distancing and legal requirements to wear face coverings.

AGREED:

That the update be noted, and that a report on the up-take on vaccines be submitted at the appropriate time when further data becomes evident.

12. CONSULTATION RESPONSE TO UHL RECONFIGURATION

The Chair commented that the item and presentation had been discussed previously at the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee, held on 6 July 2021.

Sarah Prema (Leicester, Leicestershire and Rutland CCGs) asked the Commission to note and comment on the presentation made to the above Committee meeting and referred to copies of the slides which had been circulated with the Agenda.

The summary of proposals set out in the UHL Acute Reconfiguration PCBC were as follows:

- Build a new maternity hospital with a doctor-led inpatient maternity service. A shared care unit with midwives and doctors and a midwifery centre provided alongside the obstetric (pregnancy) unit
- Refurbish the Kensington building to create a new children's hospital including a consolidated children's intensive care unit
- Build new premises to house a major new treatment centre for planned care, inpatient wards and theatres
- Expand the intensive care units at LRI and Glenfield
- Expand car parking facilities, for example, additional levels on the multi-storey car park and create dedicated welcome centre
- Repurpose the General Hospital to create a smaller campus that focuses on community health with some beds and more GP-led services
- Retain the diabetes centre of excellence and stroke recovery service with inpatient beds
- Potentially relocate a midwifery led unit from Melton Mowbray to Leicester General Hospital

Following the consultation exercise, the following proposals had been confirmed:

A set of 17 principles which the NHS in Leicester, Leicestershire and Rutland will adhere to when implementing change.

- 1. Good access cross all sites*
- 2. Good access onto and around all sites*
- 3. Embrace environmental sustainability*
- 4. Adapt high quality patient communication and interactions*
- 5. Co-design services and provide information to all socio-demographic groups throughout implementation of change*
- 6. Focus attention beyond clinical need*
- 7. Develop solutions for those people living in rural locations – care closer to home, particularly if needed in an emergency*
- 8. New technologies – adopted and adapted to meet the patient need and choice*
- 9. Engage communities on next steps for Leicester General Hospital*
- 10. Consider variety of locations to achieve the best access to haemodialysis treatment*
- 11. Provide quality of care in hydrotherapy services, at the right and appropriate locations with good access e.g. wheelchair users, and provide trained staff and pay attention to single sex sessions*
- 12. New maternity hospital providing personalise high quality care*
- 13. High quality and sustainable standalone Midwifery Led Unit*
- 14. Provision of community breastfeeding support*
- 15. Provision of high-quality Children's Hospital for children, young people and family carers*
- 16. Provision of adequate acute bed capacity to match need*
- 17. Ensure that all improvements ensure better outcomes for patients improving the health and wellbeing of our local population.*

In discussing the future commitments, as above, it was noted that there had been objection to the relocation to the midwifery services to the General Hospital site, with the closure of St Mary's at Melton Mowbray.

The rationale for the decision was explained and in response to questions it was confirmed that a longer period to assess the viability had been agreed. A Review Panel had been established which would consider the viability over a longer three-year period, including the effectiveness of the proposed travel plan.

In respect of refurbishment proposals for the Kensington Building, to provide the proposed childrens' hospital, the reasons for the refurbishment against new build were explained and accepted. The importance of an improved and dedicated hospital environment for children was emphasised and acknowledged. Members were invited to visit the building once the removal of Covid-19 restrictions allowed and, in the meantime, there was a suggestion that a virtual tour could be arranged, and details would be circulated.

In terms of the estimated costs, it was noted that there had been inflationary increases. In response to questions it was noted that the reconfiguration plans involved many separate business cases, which were evolving through consultation and resultant budget adjustments. It was also reported that there would be a deletion of a number of 'backlog' maintenance schemes, which would create a significant reduction in that budget, due to the newly approved works superseding those earlier proposals.

Having regard to other health services offered in the city, it was noted that the proposals would be co-ordinated with other provisions. The Merlyn Vaz Centre was mentioned as an example of where other locations would continue to provide services, subject to the results of further ongoing consultation.

In conclusion, the Chair reminded members of the debate at the Joint Health Scrutiny Commission held on 6 July and requested an update to this Commission, on the issues specific to the city.

AGREED:

That the update be noted and that a further report be submitted to the Commission in due course.

13. WORK PROGRAMME

The Commission's Work Programme for the 2021/22 Municipal Year was submitted for information.

14. CLOSE OF MEETING

The meeting closed at 7.45pm.

Sexual health services during COVID 19

Ivan Browne
Director of Public Health
September 2021

Mandate and what is commissioned

- Leicester City Council receives an annual Public Health grant that includes the requirement to commission :
 - Open access sexual health services
 - Pre Exposure Prophylaxis for Sexual;; Exposure

Leicester City Council Commissions

13

- An open access clinical service that provides contraception and testing and treatment for sexually transmitted infections – this is commissioned in collaboration with Leicestershire County and Rutland County Councils
- Provision of Intrauterine Devices and Systems (IUS/Ds)and Subdermal Implants (Sdls) by GPs- These are Long Acting forms of contraception(LARC)
- Emergency Hormonal Contraception (EHC): from community pharmacies for under 25s
- In addition there are services that are non clinical provided for different groups or ages :
 - Relationship and Sex education support for schools
 - Outreach work with Men who have sex with men, sex workers and young people under 25.
 - A project engaging with different BAME communities across Leicester

Who uses sexual health services ?

29,015 people were provided the clinical service between :April 2019 – March 2020

17,489 women and 11,629 men

- 14 Mix of ethnicities: rates highest in those who define as of black or mixed ethnicity
- Nearly 24,000 are aged 15-34
- No typical user : women for contraception
- Men and women with new partner having a check up
- Some high risk individuals with multiple partners





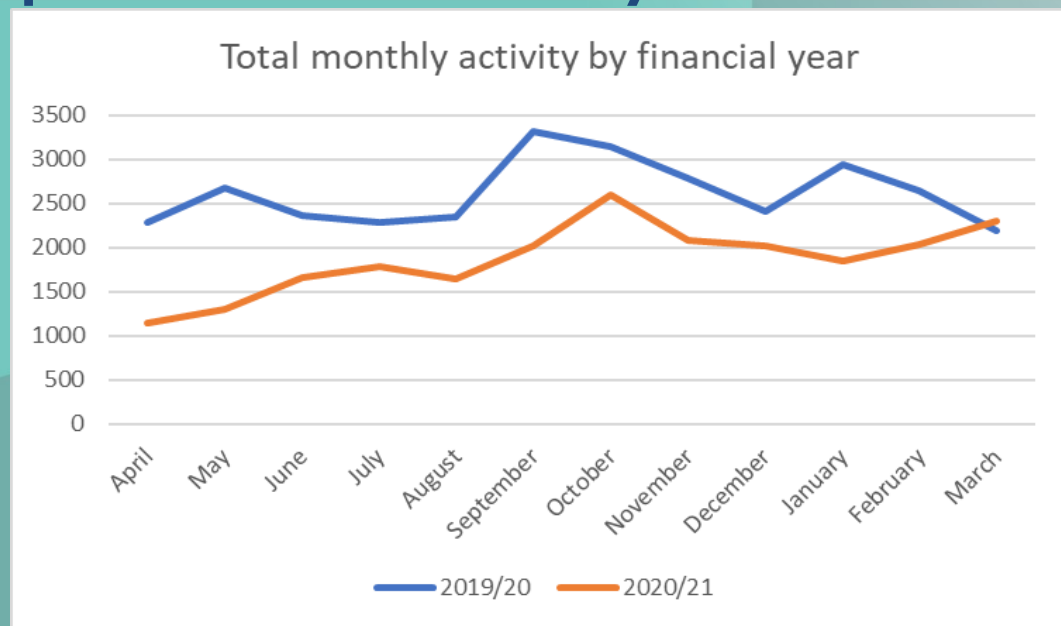
Changes required during the COVID pandemic

- Sexual Health and Contraceptive services still needed during the pandemic despite restrictions in social mixing and inability to provide all Face to face clinical services
- What was put in place :
 - Increase in provision on online services :
 - Ordering of STI testing kits – results texted to the individual
 - Ability to safely post treatment for simple STIs to patients
 - Online provision of oral contraception and EHC
 - Provision of telephone consultations
 - Maintenance of some face to face appointments for emergency care e.g. pelvic pain etc
 - National clinical adaptations followed e.g. extension in length coils can be retained , longer repeat prescriptions

What happened to activity

-28% overall fall in activity .

-Trends of overall activity matched previous years



Massive increase in online activity and reduction in face to face activity

Monthly online services, SH24 & Prevent X by financial year

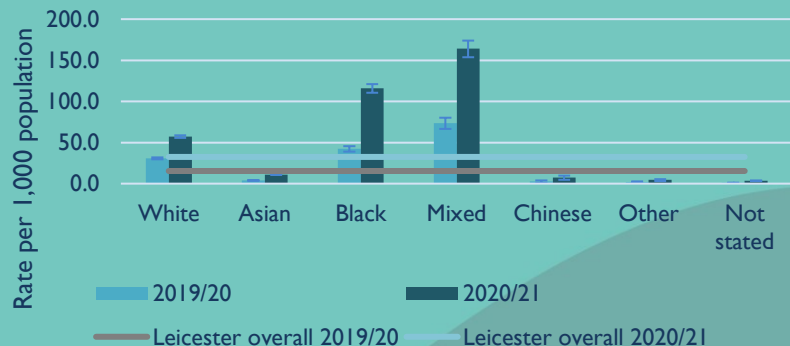


Monthly Telephone consultations by financial year

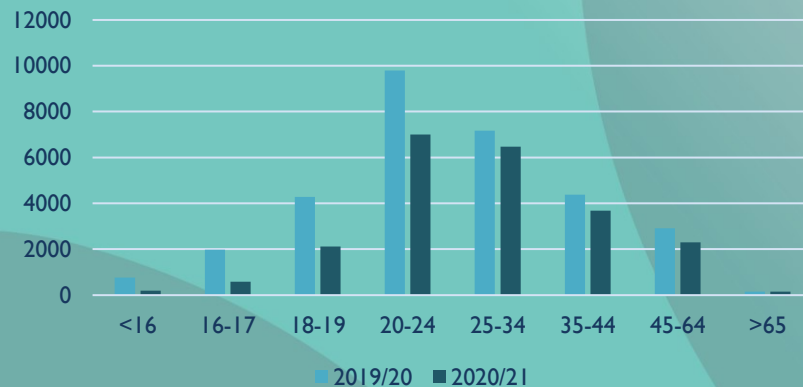


Differences across communities and age groups

Online services, SH24 and Prevent X per 1,000 population age 16-64 by broad ethnic group and financial year



Total activity by age group and financial year by age group



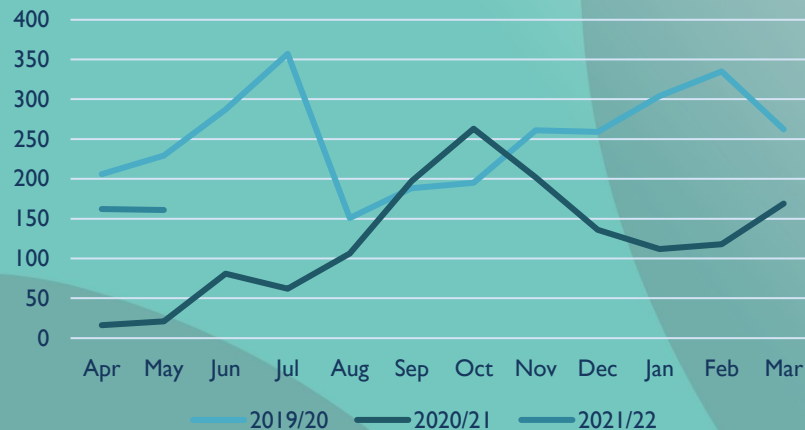
Of note is the reduction in activity in 2020/21 within the under 25's this may in part be explained by reduced social mixing and less students being in the city during lockdown.

GP and Pharmacy provided services

Summary of IUD/S						
Totals Year / quarter	The number of IUD fitted	The Number of IUS fitted	Number of IUD Removed and Fitted	Number of IUSs Removed and Fitted	Number of *Kyleena Fitted	Total Fitted
19 2019/20	328	347	14	17		706
2020/21	371	457	77	109	48	1062

LARC provided via GP practices had been showing some dramatic improvement in provision pre covid and this has continued over the COVID period.

EHC Activities - April 2019-May 2021



The graph clearly shows that the trend follows the social COVID 19 restrictions that were in place in Leicester

Lessons learnt and the future

- Online services and telephone consultations are well used and safe , it is proposed that they will continue
- Some communities and age groups still prefer face to face services – more investigation required about times and days of week BAME work being progressed
- Concerns about fall in young people accessing the service. It anticipated this will change when schools, colleges and unis return and communications put in place to promote the services .
- GP services have been successful and the model put in place will be expanded
- Clinicians have worked hard to maintain services and quality despite issues with workforce and restrictions to delivery

Health and Wellbeing Scrutiny Commission

Work Programme 2021-22

Meeting Date	Topic	Actions arising	Progress
13 rd July 2021	<ol style="list-style-type: none"> 1. COVID19 Update & Vaccination Progress Update 2. Consultation Response to UHL Reconfiguration 3. Strategy on how to deal with the effects of Long COVID 	<ol style="list-style-type: none"> 1. Standing item as required for this cycle. 2. Latest update from CCGs is that a response will be ready by July. Likely that this will be discussed in detail at Joint Health (Committee administration has passed to City) 3. Item requested following information on hospital readmissions – Long COVID paper expected from UHL and an ASC perspective of Long COVID in City care homes. 	
1 st September 2021	<ol style="list-style-type: none"> 1. Community Pharmacy Service 2. Update from Chair of ICS Board 3. COVID19 Update & Vaccination Progress Update 4. Update on Sexual Health Services / Contraception 	Item 4 was requested as a report at the January 2021 meeting.	
Additional Meeting Proposed	<ol style="list-style-type: none"> 1. Mental Health Services <ul style="list-style-type: none"> • Mental Health Services Update • LPT Improvement Plan Update 		
2 nd November 2021	<ol style="list-style-type: none"> 1. COVID19 Update & Vaccination Progress Update 2. UHL Financial Adjustment Update 3. Merger of CCGs and Update on ICS 4. Obesity Update 5. Access to GPs 6. HIV Services 	<p>Item 2 may be taken at the December or January meeting due to report availability.</p> <p>Item 3 will consider the CCG merger and the ICS.</p> <p>Item 5 is in relation to city access to GP services and recent engagement conducted by CCGs in May; deferred to this meeting.</p>	

Meeting Date	Topic	Actions arising	Progress
14 th December 2021	<ol style="list-style-type: none"> 1. COVID19 Update & Vaccination Progress Update 2. Updates on Obesity (including Childhood Obesity) and Dietary Advice Options and Co-ordination with Food Plan 3. Impact of the Pre-exposure to HIV service and its funding 	Item 2 will bring a greater focus on the link between food and health.	
25 th January 2022	<ol style="list-style-type: none"> 1. COVID19 Update & Vaccination Progress Update 2. Final Review Report – BLM and Health 3. Draft Revenue Budget 	Please note – the UHL financial adjustment update item may need to be placed here due to audit reports being published in December 2021.	
23 rd March 2022	<ol style="list-style-type: none"> 1. COVID19 Update & Vaccination Progress Update 2. 0-19 Commissioning Update 3. Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population) 		

Forward Plan Items

Topic	Detail	Proposed Date
Health & Care section of Forward Plan - No decisions due to be taken under this heading for the current period (on or after 1 Dec 2020)		
COVID19 Update and Vaccinations Update	Standing item on the agenda. Regular information requested in between meetings to show trends.	All meetings

0-19 Commissioning Update	Planned for January 2021 but current contract extended by a year due to COVID	March 2022
Update on Sexual Health Services / Contraception	Requested as an item in the January 2021 meeting	Late 2021
Final Review Report – BLM and Health	First Task Group meeting in March 2021. Second meeting tbc in June 2021.	Early 2022
Manifesto Commitment Updates	Raised in March 2021 at OSC and may be discussed at all Commission meetings in the future.	Early 2022
Impact of the Pre-exposure to HIV service and its funding	Brought forward from 2021 Work Programme.	Late 2021
Mental Health Update (and)	Requested that an update be given in 6 months after the March 2021 update	November 2021
LPT Improvement Plan Update (or)		
Mental Health Services Update	A single meeting on mental health services	Earlier in cycle and possibly through an extra meeting
Updates on Obesity (including Childhood Obesity) and Dietary Advice Options and Co-ordination with Food Plan	Completed in April 2021, an update requested in the next cycle of meetings, to include a further report on options in relation to enhanced dietary advice and coordination with the Food Plan be submitted in due course.	Earlier in the cycle – late 2021
Consultation Response to UHL Reconfiguration; now Updates on Reconfiguration Proposals	Consultation response covered at both HWB and JHOSC in July 2021. Updates expected on; birthing unit, budget changes for the reconfiguration, backlog of repairs, primary urgent care locations.	Covered in July 2021, with progress updates expected at future meetings.
Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population)	Mentioned in the January 2021 minutes, following the LLR health inequalities item. Followed up with a LLR Framework and Action Plan Update in April 2021, with a request for a further update in 2022 regarding; implementation, statement of intent and action plan.	Winter 2021
UHL Financial Adjustment - Update	Further information on the Development Programme from Deloitte and involvement in board selection processes – tbc December 2021 for reports.	Winter 2021

Review of contracts for vending machines and other food services at the Council's Leisure Centres	Requested as an item in the January 2021 meeting and discussed as part of April 2021's Obesity Item with agreement that the initiative to remove unhealthy snacks from leisure centres and other council premises vending machines be supported.	December 2021 – co-ordinating with Obesity items
COVID Hospital Readmissions – now Long COVID	Was initially a standing item on hospital readmission data, which has now been directed into a wider focus on Long COVID (UHL to lead on this)	Completed in July 2021; update report in 6 months
Merger of CCGs Integrated Care Services (ICS)	Item based on the recent changes in March 2021	November 2021
Draft Revenue Budget	Standard report to go to all Commissions	January 2022
Air Quality Pollution	Joint item with EDTCE	TBC 2022
School Nursing Provision	Joint item with CYPS	TBC 2022